



SENIOR & LONG TERM CARE DIVISION COMMUNITY SERVICES BUREAU

HOME HEALTH POLICY MANUAL

Section: Forms

**Subject: PERS Prior Authorization Form
SLTC - 240**

PURPOSE: The Personal Emergency Response System (PERS) Prior Authorization form is used to send notification to Mountain Pacific Quality Health (MPQH) for the following purposes:

1. Referral to initiate a prior authorization/renewal for PERS services;
2. Change of PERS providers; and
3. Notification of member discharge from CFC or CFC PERS services.

REFERRAL: A referral must be submitted upon completion of the member's CFC Person Centered Plan (PCP). The Plan Facilitator will complete the form and FAX it to MPQH. MPQH will enter the PERS prior authorization into the XEROX claims system and return the prior authorization number to the Plan Facilitator.

RENEWAL: PERS prior authorizations must be renewed annually (every 365 days) after the completion of the PCP meeting. Failure to renew the PERS prior to authorization in a timely manner will result in the inability of the PERS provider to bill for services and may interrupt member services. ⏪

CHANGE OF PERS PROVIDERS: When a member chooses to change PERS providers, the Plan Facilitator must submit a new PERS Prior Authorization form to MPQH to end date the old prior authorization and generate and



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assign a new prior authorization number for the new PERS provider.

MPQH NOTIFICATION OF MEMBER DISCHARGE FROM CFC SERVICES OR CFC PERS SERVICES:

When a member discharges from CFC or discharges from CFC PERS services, the Plan Facilitator must notify MPQH in order for the prior authorization to be end dated.

INSTRUCTIONS:

The Plan Facilitator must complete the following (Check the appropriate box indicating the following action is occurring):

1. CFC PERS Initial Referral
2. Change of PERS Providers
3. Ending PERS Services – Date: _____
4. CFC Discharge – Date: _____
5. PERS Prior Authorization Renewal

Enter:

1. Plan Facilitator's Name;
2. Plan Facilitator's Phone;
3. Member's Name;
4. Member's ID #;



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5. PERS Provider Name;
6. Provider Medicaid ID #.

NOTE: The PERS provider must be contacted prior to the selection in order to determine the type of service provided, the cost of service per unit, and whether an installation fee is required.

Enter the appropriate information on each line: PERS Installation or PERS Rental

Appropriate

Modifier: Agency based PERS does not require the use of a modifier when billing.

Requested

Units: Rental Unit = 1 month of service, or

Installation Unit = 1 installation charge

The current units must cover the number of units for the service authorization period. If the member is beginning PERS in the middle of the service year the number of units must be prorated to the number of months left before the next annual member visit.

Example: 12 months = 12 units
January – July = 7 units

Authorized

Units: Authorized units should be left blank. MPQH will fill out the authorized units at the bottom of the form.



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Date Span: List the date span that corresponds to the authorization period and current units listed.

Comments: Enter additional comments.

**Agency
Signature, Phone
and Date:**

Plan Facilitator will sign, provide a contact phone number and date the Prior Authorization form.

Upon form completion, the Plan Facilitator must fax the Prior Authorization form to MPQH. MPQH will enter the prior authorization into the XEROX system and return the form to the Plan Facilitator. MPQH will complete the information on the bottom half of the form, including the PERS prior authorization number, the total number of units authorized, and the date span. The MPQH reviewer will sign the form prior to faxing it to the Plan Facilitator.

Upon receiving the PERS prior authorization number from MPQH, the Plan Facilitator must complete the PERS Referral form, SLTC – 241, in its entirety. The Plan Facilitator will then submit the form to the PERS provider to initiate the member's PERS services.

DISTRIBUTION:

A copy of this form must be retained by the Plan Facilitator in the member's file.